REQUEST for INTERNATIONAL CULTURAL SERVICE PROGRAM SPEAKER

AGENCY NAME

AGENCY ADDRESS

______________________________ CONTACT PERSON ________________________

PHONE NUMBER_Best time to call__________________________

HOME_E-MAIL ____________________________________________

DATE(S) REQUESTED _________________________________________

PICK-UP TIME__TIME of TALK__________________________________

NUMBER IN EACH CLASS or GROUP LENGTH of TALK

AGE, GRADE or ACADEMIC LEVEL Q & A (yes/no)

SHOW SLIDES? POWER POINT? BRING DISPLAY ITEMS?

The agency requesting ICSP speakers agrees to arrange and provide transportation for the student(s) to and from OSU. For the safety of our students, we require information about the person providing transportation:

Legal Name of Driver: ___________________________ (if unknown at this time, please indicate so. ** YOU will need to provide this information at least one week prior to the event **).

Driver’s Oregon Driver’s License Number: _________________ Expiration Date: ____________

Please indicate the student(s) you prefer and the specific topics to be addressed:

Date request is submitted____________________